

The Department of Vermont Health Access Medical Policy

Subject: APNEA MONITOR
Last Review: January 2, 2015
Revision 4: November 1, 2013
Revision 3: October 25, 2011
Revision 2: March 29, 2010
Revision 1: March 31, 2009
Original Effective: September 10, 2008

Description of Service or Procedure

An apnea monitor is a device which monitors abnormal cessation of breathing and abnormal cardiac status for high risk children. It contains an alarm function which is triggered when the measured rate differs from the pre-determined respiratory or cardiac parameters set by the treating provider.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary's aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

[7505.2](#) Covered Services: "Items of durable medical equipment that have been pre-approved for coverage are limited to:...apnea monitors..."

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>

Coverage Position

An apnea monitor may be covered for beneficiaries:

- When this device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with Vermont State Practice Act,



who is knowledgeable in the use of apnea monitors and who provides medical care to the beneficiary AND

- When the clinical guidelines below are met.

Coverage Guidelines

An apnea monitor may be covered for beneficiaries (infants under age 1 year) who have one of the diagnoses/high risk conditions listed below:

EXAMPLES OF DIAGNOSES:

- Infants who experienced some combination of the following Apparent Life Threatening Episode(s) (ALTE):
 - apnea (central or occasional obstructive),
 - choking or gagging,
 - skin color change (usually cyanotic or pallid but occasionally erythematous or plethoric),
 - marked changes in muscle tone.
- Infants with tracheotomies that make them vulnerable to airway compromise
- Infants with anatomical abnormalities that make them vulnerable to airway compromise
- Infants with metabolic disorder affecting respiratory control
- Infants with neurologic disorder affecting respiratory control
- Infants with chronic lung disease (i.e. bronchopulmonary dysplasia) especially those requiring mechanical ventilation, positive airway pressure, or supplemental oxygen.
- Premature infants with delayed maturation of respiratory control
- Apnea unresponsive to treatment
- Infant with confirmed diagnosis of pertussis
- Apnea of prematurity
- Chronic respiratory failure on home ventilator support
- Infants requiring home ventilation for potential airway obstruction.
- Preterm infant with bradycardia and/or desaturation

SPECIAL NOTATIONS: Coverage should be discontinued when clinical evaluation shows that the condition(s) requiring a monitor have been resolved or stabilized as indicated by:

1. The beneficiary has been free of events requiring stimulation or resuscitation for 2-4 months OR
2. The beneficiary has experienced significant stressors such as respiratory illness or immunizations without apnea OR
3. There is resolution of a previously abnormal respiratory pattern or no further prolonged apnea episodes for 2-4 months.
4. Prior authorization is required for age one year and older.

Clinical guidelines for repeat service or procedure

If the beneficiary is still under one year of age and requires an apnea monitor for an additional time, the same criteria apply as for the initial approval.

Type of service or procedure covered

Apnea monitor and related supplies and services.

Type of service or procedure not covered (this list may not be all inclusive)

Apnea monitor not covered for:

- Sibling of SIDS
- Diagnosis of gastroesophageal reflux

References

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